

Fill in this information to identify the case:Debtor name **CAPSTONE PEDIATRICS, PLLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**Case number (if known) **3:19-bk-1971**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address City of Clarksville One Public Square Suite 119 Clarksville, TN 37040	\$148.00	\$148.00
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 2015		
	Basis for the claim: Personalty Taxes		
	Last 4 digits of account number		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address City of Lebanon 200 Castle Heights Ave. N. Suite 117 Lebanon, TN 37087	\$203.17	\$203.17
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred		
	Basis for the claim:		
	Last 4 digits of account number		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.3	Priority creditor's name and mailing address City of Mt Juliet 2365 N Mt Juliet Rd Mount Juliet, TN 37122	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5.00	\$5.00
Date or dates debt was incurred 2015		Basis for the claim: Personalty Taxes		
Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)				
2.4	Priority creditor's name and mailing address City of Murfreesboro Finance Dept 111 W Vine St 1st Floor Murfreesboro, TN 37130	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$113.00	\$113.00
Date or dates debt was incurred 2015		Basis for the claim: Personalty Taxes		
Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)				
2.5	Priority creditor's name and mailing address Commissioner of Finance	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13.00	\$13.00
Date or dates debt was incurred 2015		Basis for the claim: Personalty Taxes		
Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)				
2.6	Priority creditor's name and mailing address Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,530,117.90	\$1,530,117.90
Date or dates debt was incurred 6/2015-11/2015		Basis for the claim: Federal Income, Social Security, Medicare		
Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)				

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2.7	Priority creditor's name and mailing address Kentucky State Treasurer 501 High St. PO Box 491 Frankfort, KY 40601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,097.92	\$1,097.92
<hr/>				
Date or dates debt was incurred		Basis for the claim:		
<hr/>				
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.8	Priority creditor's name and mailing address Metropolitan Trustee Metropolitan Dept of Law PO Box 196300 Nashville, TN 37219-6300	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,171.86	\$10,171.86
<hr/>				
Date or dates debt was incurred 2015		Basis for the claim: Personalty Taxes		
<hr/>				
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.9	Priority creditor's name and mailing address Montgomery County Trustee PO Box 1005 Clarksville, TN 37041-1005	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$755.98	\$755.98
<hr/>				
Date or dates debt was incurred		Basis for the claim:		
<hr/>				
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.10	Priority creditor's name and mailing address Rutherford County Trustee PO Box 1316 Murfreesboro, TN 37133	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$365.00	\$365.00
<hr/>				
Date or dates debt was incurred 2015		Basis for the claim: Personalty Taxes		
<hr/>				
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.11	Priority creditor's name and mailing address Tennessee Dept of Labor c/o Tennessee Atty General Office PO Box 20207 Nashville, TN 37202-0207	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$19,906.45	\$19,906.45
Date or dates debt was incurred 4/2015-11/2015		Basis for the claim: State Unemployment Taxes		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.12	Priority creditor's name and mailing address Tennessee Dept. of Revenue	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$51,897.00	\$51,897.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.13	Priority creditor's name and mailing address Town of Smyrna 315 S. Lowry St. Smyrna, TN 37167	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$66.00	\$66.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.14	Priority creditor's name and mailing address Williamson County Trustee 1320 West Main St Ste 203 Franklin, TN 37064	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$565.00	\$565.00
Date or dates debt was incurred 2015		Basis for the claim: Personalty Taxes		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.15 Priority creditor's name and mailing address
Wilson County Trustee
PO Box 865
Lebanon, TN 37088

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

\$309.00 **\$309.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No

☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address
123 GetInk
1476 Lexington Ave., Suite 1B
New York, NY 10128

As of the petition filing date, the claim is: *Check all that apply.*

\$90.96

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset? ☒ No ☐ Yes

3.2 Nonpriority creditor's name and mailing address
Abbott Laboratories Inc.
PO Box 100997
Atlanta, GA 30384-0997

As of the petition filing date, the claim is: *Check all that apply.*

\$8,876.95

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred

Basis for the claim: Medical supplies

Last 4 digits of account number

Is the claim subject to offset? ☒ No ☐ Yes

3.3 Nonpriority creditor's name and mailing address
Accent
PO Box 952366
Saint Louis, MO 63195-2366

As of the petition filing date, the claim is: *Check all that apply.*

\$3,971.55

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset? ☒ No ☐ Yes

3.4 Nonpriority creditor's name and mailing address
Access
PO Box 101048
Atlanta, GA 30392-1048

As of the petition filing date, the claim is: *Check all that apply.*

\$27,052.98

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset? ☒ No ☐ Yes

3.5 Nonpriority creditor's name and mailing address
Advance Signs & Graphics
1005 W Main St
Lebanon, TN 37087

As of the petition filing date, the claim is: *Check all that apply.*

\$2,649.31

☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred

Basis for the claim: Signage

Last 4 digits of account number

Is the claim subject to offset? ☒ No ☐ Yes

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3.6	Nonpriority creditor's name and mailing address Aetna Insurance Company PO Box 784836 Philadelphia, PA 19178-4836 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.56
<hr/>			
3.7	Nonpriority creditor's name and mailing address Aetna Life Insurance Company PO Box 14079 Lexington, KY 40512-4079 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
<hr/>			
3.8	Nonpriority creditor's name and mailing address Aftermath Claim Service 1212 S. Naper Boulevard Naperville, IL 60540-8360 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$456.58
<hr/>			
3.9	Nonpriority creditor's name and mailing address Akhenia Conerly 296 Raleigh Dr Apt B Clarksville, TN 37043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$144.16
<hr/>			
3.10	Nonpriority creditor's name and mailing address Alexandria Miller 748 Shelton Cir Clarksville, TN 37042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$153.40
<hr/>			
3.11	Nonpriority creditor's name and mailing address Alison Hopkins 1346 Sweetwater Dr Brentwood, TN 37027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55.00
<hr/>			
3.12	Nonpriority creditor's name and mailing address Amanda Burlison 407 Rollingwood Crossing Lebanon, TN 37087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.65

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3.13	Nonpriority creditor's name and mailing address Amanda Greene 3617 Huntingboro Tr Antioch, TN 37013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$18.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address Amber Offill 4212 Shacklett Rd Murfreesboro, TN 37129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$27.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address Amber Saunders 4212 Shacklett Rd Murfreesboro, TN 37129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$11.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address American Academy of Pediatrics 72103 Eagle Way Chicago, IL 60678-7251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$805.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Provider membership dues</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	Nonpriority creditor's name and mailing address American Messaging PO Box 5749 Carol Stream, IL 60197-5749 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,194.91 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Pager service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	Nonpriority creditor's name and mailing address American Plumbing Professionals PO Box 111542 Nashville, TN 37222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,139.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Repairs and maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	Nonpriority creditor's name and mailing address American Proficiency Institute PO Box 30516 Dept. 9526 Lansing, MI 48909-8016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,806.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.20	Nonpriority creditor's name and mailing address Ana Cordero 100 Vernon Traylor Dr Smyrna, TN 37167 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$19.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21	Nonpriority creditor's name and mailing address Andrea Hulan 812 Queen Annes Court Nolensville, TN 37135 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$115.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22	Nonpriority creditor's name and mailing address Andriya Brozewski 3036 Earhart Rd Hermitage, TN 37076 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$90.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23	Nonpriority creditor's name and mailing address Angela Frazier 13859 Cainsville Rd Lebanon, TN 37090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$731.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Provider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.24	Nonpriority creditor's name and mailing address Aquarium Maintenance Service PO Box 1856 Columbia, TN 38402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,160.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Service and maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.25	Nonpriority creditor's name and mailing address ARHC GMCLKTN01, LLC PO Box 714423 Cincinnati, OH 45271 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$43,420.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.26	Nonpriority creditor's name and mailing address ASE Technology 7113 Peach Court, Suite 200 Brentwood, TN 37027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,435.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.27	Nonpriority creditor's name and mailing address AT&T PO Box 105068 Atlanta, GA 30348-5068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$155.35
<hr/>			
3.28	Nonpriority creditor's name and mailing address AthenaHealth 311 Arsenal St Watertown, MA 02472 Date(s) debt was incurred <u>8/2015-11/2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Electronic health record system, claims billing and collections service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$374,826.78
<hr/>			
3.29	Nonpriority creditor's name and mailing address Athenahealth, Inc. 311 Arsenal St. Watertown, MA 02472 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,921.98
<hr/>			
3.30	Nonpriority creditor's name and mailing address ATMOS Energy PO Box 790311 Saint Louis, MO 63179-0311 Date(s) debt was incurred ____ Last 4 digits of account number <u>6232</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$340.25
<hr/>			
3.31	Nonpriority creditor's name and mailing address Audiology Systems Attn: Scott Brewer 50 Commerce Dr Ste 180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Audiology supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.75
<hr/>			
3.32	Nonpriority creditor's name and mailing address Audiology Systems Dept. CH 16948 Palatine, IL 60055-6948 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$354.25
<hr/>			
3.33	Nonpriority creditor's name and mailing address Autism Speaks 900 Circle 75 Pkwy Ste 445 Atlanta, GA 30339 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00

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3.34	Nonpriority creditor's name and mailing address Barton & Associates, Inc. PO Box 417844 Boston, MA 02241-7844 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,130.62
3.35	Nonpriority creditor's name and mailing address Bass, Berry & Sims, PLC 150 Third Ave. South, Ste. 2800 Nashville, TN 37201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$965.50
3.36	Nonpriority creditor's name and mailing address BCBS of TN Claim Refund Dept Bldg 13 1 Cameron Hill Cir Chattanooga, TN 37402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240.65
3.37	Nonpriority creditor's name and mailing address BCBST 1 Cameron Hill Cir Chattanooga, TN 37402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$769.49
3.38	Nonpriority creditor's name and mailing address Bentley's Air Conditioning 109 Hartmann Dr Lebanon, TN 37087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Repairs and maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$925.00
3.39	Nonpriority creditor's name and mailing address Berkshire Hathaway Guard Insurance Compa PO Box 785570 Philadelphia, PA 19178-5570 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,632.11
3.40	Nonpriority creditor's name and mailing address Besse Medical Supply 1576 Solutions Ctr Chicago, IL 60677-1005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,332.85

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3.41	Nonpriority creditor's name and mailing address Bethany Wenger 821 Woodcraft Dr. Nashville, TN 37214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,211.24
3.42	Nonpriority creditor's name and mailing address Better Business Solutions PO Box 3549 Brentwood, TN 37024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,590.04
3.43	Nonpriority creditor's name and mailing address BlueCross BlueShield of Tennessee Group Receipts Dept PO Box 6539 Carol Stream, IL 60197-6539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,547.74
3.44	Nonpriority creditor's name and mailing address BMW Properties 2420 W Clay Dr Lebanon, TN 37087 Date(s) debt was incurred <u>2/2015-6/2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Rent</u> <u>115 Winwood Dr</u> <u>Lebanon TN</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,625.25
3.45	Nonpriority creditor's name and mailing address Bravo Construction 936 Carthage Hwy Lebanon, TN 37087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Leasehold improvements</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,926.00
3.46	Nonpriority creditor's name and mailing address Bridges 935 Edgehill Avenue Nashville, TN 37203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$440.00
3.47	Nonpriority creditor's name and mailing address Butler Snow LLP 150 3rd Ave S Ste 1600 Nashville, TN 37201 Date(s) debt was incurred <u>3/2015-5/2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64,612.59

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3.48	Nonpriority creditor's name and mailing address C12 Group, Music City 2000 Mallory Ln Ste 130-56 Franklin, TN 37067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$975.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CEP training/continuing education</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.49	Nonpriority creditor's name and mailing address CADS 1317 Sun Valley Road Clarksville, TN 37040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.50	Nonpriority creditor's name and mailing address CAM Realty Co/Realty Group North 109 Montgomery Ave Ste 102 Scarsdale, NY 10583 Date(s) debt was incurred <u>3/2015-11/2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$166,073.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Rent</u> <u>5003 Crossing Cir</u> <u>Mt Juliet TN</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.51	Nonpriority creditor's name and mailing address Carol Jolly PO Box 680662 Franklin, TN 37068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$2,819.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.52	Nonpriority creditor's name and mailing address Casatina Miller 395 Bosca Ct Clarksville, TN 37040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$155.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.53	Nonpriority creditor's name and mailing address Centennial Medical Center PO Box 150804 Nashville, TN 37215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$6,450.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.54	Nonpriority creditor's name and mailing address Chad S. Boomershine, MD 1219 Olympia Place Franklin, TN 37067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$5,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.55	Nonpriority creditor's name and mailing address Charter Communications PO Box 9001934 Louisville, KY 40290-1934 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,550.04
3.56	Nonpriority creditor's name and mailing address Christian Care Ministry PO Box 120099 Melbourne, FL 32912 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$277.57
3.57	Nonpriority creditor's name and mailing address Christina Paasche 3119 Holly Point Clarksville, TN 37043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Provider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$413.00
3.58	Nonpriority creditor's name and mailing address Cigna Healthcare PO Box 644546 Pittsburgh, PA 15264-4546 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96,144.65
3.59	Nonpriority creditor's name and mailing address Cigna Healthcare - Refunds Bourbonnais Claim Office PO Box 182223 Chattanooga, TN 37422-7223 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.99
3.60	Nonpriority creditor's name and mailing address Clean It Supply 2212 Dearborn Dr, Nashville, TN 37214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$483.22
3.61	Nonpriority creditor's name and mailing address CLIA Laboratory Program PO Box 530882 Atlanta, GA 30353 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lab fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,166.00

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3.62	Nonpriority creditor's name and mailing address CLIA Laboratory Program PO Box 3056 Portland, OR 97208-3056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.63	Nonpriority creditor's name and mailing address Comcast Business PO Box 530098 Atlanta, GA 30353-0098 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,715.94
3.64	Nonpriority creditor's name and mailing address Commercial Lamination 2801 Murfreesboro Rd Antioch, TN 37013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Leasehold improvements</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,332.49
3.65	Nonpriority creditor's name and mailing address Companion Life Insurance Company PO Box 100102 Columbia, SC 29202-3102 Date(s) debt was incurred ____ Last 4 digits of account number <u>0000</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,078.23
3.66	Nonpriority creditor's name and mailing address Concentra Occupational Health Centers Southwest PO Box 82432 Atlanta, GA 30354-0432 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$442.23
3.67	Nonpriority creditor's name and mailing address Cook's Pest Control PO Box 280390 Nashville, TN 37228 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$755.00
3.68	Nonpriority creditor's name and mailing address Corporate Cleaning Systems PO Box 40565 Nashville, TN 37204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,808.84

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3.69	Nonpriority creditor's name and mailing address Cory Collier 1505 Demonbreun St., #623 Nashville, TN 37203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$481.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.70	Nonpriority creditor's name and mailing address Crista Fedora 7201 Charlotte Pk #203 Nashville, TN 37209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$731.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Provider employee reimbursement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.71	Nonpriority creditor's name and mailing address Crystal Vann 1444 Primm Rd Ashland City, TN 37015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Nonprovider employee reimbursement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.72	Nonpriority creditor's name and mailing address CubeSmart 1202 Antioch Pike Nashville, TN 37211 Date(s) debt was incurred ____ Last 4 digits of account number 3951	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$956.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.73	Nonpriority creditor's name and mailing address CubeSmart Mboro Rd 1058 Murfreesboro Rd. Nashville, TN 37217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$212.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.74	Nonpriority creditor's name and mailing address Curtis Bay Medical Waste Services PO Box 65047 Baltimore, MD 21264-5047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$167.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Medical waste disposal Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.75	Nonpriority creditor's name and mailing address Cushman & Wakefield - Brentwood HCA PO Box 281166 Atlanta, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,454.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<div>3.76</div>	Nonpriority creditor's name and mailing address Cushman Wakefield/HCA PO Box 281166 Atlanta, GA 30384 Date(s) debt was incurred <u>1/2015-11/2015</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Rent</u> <u>343 Franklin Rd</u> <u>Brentwood TN</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$139,279.64
<hr/>			
<div>3.77</div>	Nonpriority creditor's name and mailing address Cynthia E. Collins 2612 Polo Court Nashville, TN 37211 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$475.00
<hr/>			
<div>3.78</div>	Nonpriority creditor's name and mailing address D & L Distributors Inc. PO Box 993 Brentwood, TN 37024-0993 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Repairs and maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$776.99
<hr/>			
<div>3.79</div>	Nonpriority creditor's name and mailing address Day Communications, Inc. 3212 West End Ave., Suite 201 Nashville, TN 37203 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$745.00
<hr/>			
<div>3.80</div>	Nonpriority creditor's name and mailing address DCA Pharmacy 233 Bedford Way Franklin, TN 37064 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$209.53
<hr/>			
<div>3.81</div>	Nonpriority creditor's name and mailing address Deidra McCullough 106 Archwood Dr Madison, TN 37115 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00
<hr/>			
<div>3.82</div>	Nonpriority creditor's name and mailing address Denise MacLeod 1154 Old Jefferson Pk Smyrna, TN 37167 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Provider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00

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3.83	Nonpriority creditor's name and mailing address Donequa Lyons 3424 Elizabeth Jordan St. Nashville, TN 37209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$90.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.84	Nonpriority creditor's name and mailing address Donna Hamacher 7409 Somerset Pl. Nashville, TN 37221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,492.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.85	Nonpriority creditor's name and mailing address EarthLink PO Box 2252 Birmingham, AL 35246-1058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,967.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.86	Nonpriority creditor's name and mailing address Eatherly Services 1670 Cairo Bend Road Lebanon, TN 37087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$150.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.87	Nonpriority creditor's name and mailing address ECHO, Inc. 101 Westpark Dr., Suite 140 Brentwood, TN 37027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$5,555.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.88	Nonpriority creditor's name and mailing address Eddie Hamilton 4822 Post Rd Nashville, TN 37205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$2,000,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.89	Nonpriority creditor's name and mailing address EDH Gateway Center Leap Soultions 213 W Maplewood Ln Ste 350 Nashville, TN 37207 Date(s) debt was incurred <u>6/2015-11/2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$104,712.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Rent</u> <u>1155 Kennedy Dr</u> <u>Murfreesboro TN</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.90 Nonpriority creditor's name and mailing address
Elisabeth Beale Radish
610 S. 12th St.
Nashville, TN 37206
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$746.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.91 Nonpriority creditor's name and mailing address
ELLKAY Inc.
259 Cedar Ln
Teaneck, NJ 07666
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$44,080.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Data conversion fees for electronic health records**

Is the claim subject to offset? ☒ No ☐ Yes

3.92 Nonpriority creditor's name and mailing address
Emelina Quinones
3042 Ace Winter Meyer Drive
La Vergne, TN 37086
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$80.07

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.93 Nonpriority creditor's name and mailing address
Emma Inc.
75 Remittance Dr Ste 6222
Chicago, IL 60675-6222
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$180.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Marketing**

Is the claim subject to offset? ☒ No ☐ Yes

3.94 Nonpriority creditor's name and mailing address
Equinox Communications
PO Box 2607
Brentwood, TN 37024
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$16,197.15

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: **IT support services**

Is the claim subject to offset? ☒ No ☐ Yes

3.95 Nonpriority creditor's name and mailing address
Erika Montez
7309A N Baker Cir
Fort Campbell, KY 42223
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$50.96

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Nonprovider employee reimbursement**

Is the claim subject to offset? ☒ No ☐ Yes

3.96 Nonpriority creditor's name and mailing address
Estalee Duncan
216 Lucky Dr
Nashville, TN 37211
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$228.41

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Nonprovider employee reimbursement**

Is the claim subject to offset? ☒ No ☐ Yes

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3.97	Nonpriority creditor's name and mailing address Fairway-Galt, LLC 728 Shades Creek Pky, Suite 200 Birmingham, AL 35209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$51,650.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.98	Nonpriority creditor's name and mailing address Families Magazine PO Box 729 Hopkinsville, KY 42241-0729 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$950.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.99	Nonpriority creditor's name and mailing address Fire Safety Equipment & Service 4099 Bernard Rd Joelton, TN 37080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$107.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.100	Nonpriority creditor's name and mailing address Flexential PO Box 536933 Atlanta, GA 30353-6933 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,685.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.101	Nonpriority creditor's name and mailing address Four Plus Corporation c/o 511 Group 1850 Nashville City Center 511 Union St. Nashville, TN 37219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$150.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.102	Nonpriority creditor's name and mailing address Franklin Collection Service, Inc. PO Box 3910 Tupelo, MS 38803-3910 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$105.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.103	Nonpriority creditor's name and mailing address Gary Griffieth MD 2001 Rush St Apt 2311 Franklin, TN 37067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$300.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Provider employee reimbursement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.104 Nonpriority creditor's name and mailing address

Gary Griffieth MD
2001 Rush St Apt 2311
Franklin, TN 37067

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$42,275.25

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Expenses paid on behalf of Debtor

Is the claim subject to offset? ☒ No ☐ Yes

3.105 Nonpriority creditor's name and mailing address

Gerri White
2212 Dearborn Dr.
Nashville, TN 37214

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$68.65

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

3.106 Nonpriority creditor's name and mailing address

Glover's Lock Service
514 Kraft St
Clarksville, TN 37040

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$110.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Repairs and maintenance

Is the claim subject to offset? ☒ No ☐ Yes

3.107 Nonpriority creditor's name and mailing address

Go Fish
6297 N New Hope Rd
Hermitage, TN 37076

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$571.24

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Service and maintenance

Is the claim subject to offset? ☒ No ☐ Yes

3.108 Nonpriority creditor's name and mailing address

Gordon N. Stowe and Associates, Inc.
Attn: Accts Receivable
586 Palwaukee Dr.
Wheeling, IL 60090

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$148.77

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

3.109 Nonpriority creditor's name and mailing address

Greensboro Service Center
PO box 740800
Atlanta, GA 30374-0800

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$16.15

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Patient refund

Is the claim subject to offset? ☒ No ☐ Yes

3.110 Nonpriority creditor's name and mailing address

GSK GlaxoSmithKline Pharmaceuticals
PO Box 740415
Atlanta, GA 30374-0415

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$29,962.11

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vaccines

Is the claim subject to offset? ☒ No ☐ Yes

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3.111	Nonpriority creditor's name and mailing address Guardian PO Box 677458 Dallas, TX 75267-7458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,827.55
3.112	Nonpriority creditor's name and mailing address H & H Heating, Air & Refrigeration 2547 Madison St Clarksville, TN 37043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Repairs and maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$420.90
3.113	Nonpriority creditor's name and mailing address H & J Realty 8138 Moores Lane Brentwood, TN 37027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.114	Nonpriority creditor's name and mailing address Hamilton Painting 1204 Murfreesboro Road Lebanon, TN 37090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,180.00
3.115	Nonpriority creditor's name and mailing address Hamilton Young Building Leap Solutions 213 W Maplewood Ln Ste 350 Nashville, TN 37207 Date(s) debt was incurred <u>5/2015-11/2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Rent</u> <u>800 Weatherly Dr</u> <u>Clarksville TN</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$111,900.71
3.116	Nonpriority creditor's name and mailing address Hanover Insurance Group PO Box 580045 Charlotte, NC 28258-0045 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,004.93
3.117	Nonpriority creditor's name and mailing address Harpeth Answering & Communications 506 Hillsboro Blvd Ste 106 Manchester, TN 37355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Answering service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$990.00

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3.118	Nonpriority creditor's name and mailing address Harris Brand Recruiting 3100 Rosendale Rd Schenectady, NY 12309 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$8,784.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Recruiting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.119	Nonpriority creditor's name and mailing address Harris Family Pharmacy 1157 Fort Campbell Blvd. Clarksville, TN 37042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$2,828.81 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.120	Nonpriority creditor's name and mailing address Harris Klein Associates Inc. PO Box 2087 Woodstock, GA 30188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$33.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.121	Nonpriority creditor's name and mailing address Harrison's Lock 307 W Main St Ste H Lebanon, TN 37087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$357.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Repairs and maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.122	Nonpriority creditor's name and mailing address Hartmann Central, LLC 1418 Palmer Road Lebanon, TN 37090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$74,023.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.123	Nonpriority creditor's name and mailing address Health Mega Mall Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$323.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.124	Nonpriority creditor's name and mailing address HealthAmerica PA - Refunds PO Box 8500-784182 Philadelphia, PA 19178-4182 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$86.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.125 Nonpriority creditor's name and mailing address

**HealthSCOPE Benefits
27 Corporate Hill Dr
Little Rock, AR 72205**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Patient refund

Is the claim subject to offset? ☒ No ☐ Yes

\$8.09

3.126 Nonpriority creditor's name and mailing address

**Heathstone Properties
4925 Veterans Parkway
Murfreesboro, TN 37128**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

\$35,521.11

3.127 Nonpriority creditor's name and mailing address

**Henry Schein
Dept CH 10241
Palatine, IL 60055-0241**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

\$38,311.17

3.128 Nonpriority creditor's name and mailing address

**Herbert Barron
121 Sandi's Ln.
Palmyra, TN 37142**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

\$78.87

3.129 Nonpriority creditor's name and mailing address

**Hicks HVAC
991 Brilery Pkwy.
Nashville, TN 37217**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

\$125.00

3.130 Nonpriority creditor's name and mailing address

**Hiller LLC- Nashville
915 Murfreesboro Pike
Nashville, TN 37225**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

\$978.50

3.131 Nonpriority creditor's name and mailing address

**Holladay Properties
MOB 147 of Tennessee
PO Box 404485
Atlanta, GA 30384**

Date(s) debt was incurred 4/2015-11/2015

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Unpaid Rent

3443 Dickerson Rd
Nashville TN

Is the claim subject to offset? ☒ No ☐ Yes

\$30,626.17

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3.132	Nonpriority creditor's name and mailing address Holladay Properties - Skyline PO Box 404485 Atlanta, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,976.48
3.133	Nonpriority creditor's name and mailing address Holly Miller 317 50th Ave N Nashville, TN 37209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Provider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
3.134	Nonpriority creditor's name and mailing address Hoskins & Company 1900 Church Street Suite 200 Nashville, TN 37203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,693.75
3.135	Nonpriority creditor's name and mailing address Humana Healthcare Plan PO Box 931655 Atlanta, GA 31193-1655 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$607.53
3.136	Nonpriority creditor's name and mailing address ICG Link Inc. 7003 Chadwick Dr Ste 111 Brentwood, TN 37027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Network support</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.137	Nonpriority creditor's name and mailing address INETCO, LLC 190B Soudersville Road Hendersonville, TN 37075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,592.46
3.138	Nonpriority creditor's name and mailing address Infinisource, Inc. 15 E. Washington Street Coldwater, MI 49036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,565.60

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3.139	Nonpriority creditor's name and mailing address IPFS Corporation 900 Ashwood Parkway Suite 370 Atlanta, GA 30338 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$610.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.140	Nonpriority creditor's name and mailing address Jaclyn Perez 107 Rudolph Dr Clarksville, TN 37040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$45.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Provider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.141	Nonpriority creditor's name and mailing address Jasmine Gibson 1622 Brentridge Cir Antioch, TN 37013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.142	Nonpriority creditor's name and mailing address Jennifer Mojica Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$351.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.143	Nonpriority creditor's name and mailing address Jennifer Strickland 1204 Hartfield Ct Antioch, TN 37013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Provider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.144	Nonpriority creditor's name and mailing address Jennifer Watson 143 Hendon Memorial Rd Shelbyville, TN 37160 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.145	Nonpriority creditor's name and mailing address Jerry Giltz 1000 Worthington Ln Apt 10-207 Spring Hill, TN 37174 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$66.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.146	Nonpriority creditor's name and mailing address Jewell Mechanical 1000 Elm Hill Pike Nashville, TN 37210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$550.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.147	Nonpriority creditor's name and mailing address Jihan Shukri 360 Bell Rd Apt 303 Antioch, TN 37013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$115.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Patient refund Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.148	Nonpriority creditor's name and mailing address Jonathan Garcia 1017 Townley Dr Madison, TN 37115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$260.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Nonprovider employee reimbursement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.149	Nonpriority creditor's name and mailing address Jonathan Spanier MD 1032 Gracelawn Dr Brentwood, TN 37027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$864.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Provider employee reimbursement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.150	Nonpriority creditor's name and mailing address June D. Bryant Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$89.91 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.151	Nonpriority creditor's name and mailing address Karen Blount 5582 B Zapata Drive Pegram, TN 37143 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$223.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.152	Nonpriority creditor's name and mailing address Karen Chaffin 5909 Sedberry Road Nashville, TN 37205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$731.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.153	Nonpriority creditor's name and mailing address Kathleen Weakley 1928 Streamfield Court Antioch, TN 37013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$40.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.154	Nonpriority creditor's name and mailing address Kathy Griffieth Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$25,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Expenses paid on behalf of Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.155	Nonpriority creditor's name and mailing address Kathy S. Griffieth 2001 Rush Street Apt. 2311 Franklin, TN 37067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$46,051.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.156	Nonpriority creditor's name and mailing address Kelly Eigner 310 Gross Ln Hartsville, TN 37074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$70.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.157	Nonpriority creditor's name and mailing address Khalid Abdulkhalig 114 Gardenia St Mount Pleasant, TN 38474 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$115.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.158	Nonpriority creditor's name and mailing address Kofi Asare-Bawuah 1225 Plumeria Pl Nolensville, TN 37135 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$2,741.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Provider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.159	Nonpriority creditor's name and mailing address LabCorp PO Box 12140 Burlington, NC 27216-2140 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,636.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.160	Nonpriority creditor's name and mailing address Lamont, Hanley & Associates, Inc. PO Box 179 Manchester, NH 03105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$651.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.161	Nonpriority creditor's name and mailing address LPMC PC PO Box 1869 Brentwood, TN 37024-1869 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$699.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Training</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.162	Nonpriority creditor's name and mailing address LeighAnn Brinkley 901 Northern Dance Ln Elgin, SC 29045 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$18.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.163	Nonpriority creditor's name and mailing address Leslie Komulainen 229 Cedar Bend Cir Clarksville, TN 37043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$52.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.164	Nonpriority creditor's name and mailing address Lisa Lewis 1004 Pembroke Point Mount Juliet, TN 37122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$157.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient Refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.165	Nonpriority creditor's name and mailing address Longwell Cleaning Services 2274 High Meadow Drive Murfreesboro, TN 37129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.166	Nonpriority creditor's name and mailing address Lorie Marsh 1984 Sugar Flat Rd Lebanon, TN 37087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$47.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.167	Nonpriority creditor's name and mailing address Lucy Martin Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$981.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.168	Nonpriority creditor's name and mailing address M and S Holdings 1511 Sunset Road Brentwood, TN 37027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$40,164.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.169	Nonpriority creditor's name and mailing address MailFinance, Inc. PO Box 123682 Dallas, TX 75312-3682 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$942.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.170	Nonpriority creditor's name and mailing address Main Street Media of Tennessee Gould Enterprises Inc. PO Box 8156 Gallatin, TN 37066-8156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,012.97 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.171	Nonpriority creditor's name and mailing address Maine Standards 221 US Route 1 Cumberland Foreside, ME 04110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$416.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.172	Nonpriority creditor's name and mailing address Maisam Alkhafaji 109 Shacklatt Lane Ct Antioch, TN 37013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$235.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.173	Nonpriority creditor's name and mailing address Mary Ruth Scobey MD 5004 English Village Dr Nashville, TN 37211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$835.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Provider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.174	Nonpriority creditor's name and mailing address MBLab Consulting 1106 Gettysvue Way Knoxville, TN 37922 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,728.05
3.175	Nonpriority creditor's name and mailing address McCurry Construction, LLC 2207 Saint Joseph's Court Brentwood, TN 37027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$137,047.91
3.176	Nonpriority creditor's name and mailing address McKesson Medical Surgical PO Box 634404 Cincinnati, OH 45263-4404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$126,660.17
3.177	Nonpriority creditor's name and mailing address Medline Industries, Inc. Dept CH 14400 Palatine, IL 60055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,990.14
3.178	Nonpriority creditor's name and mailing address MedSafe Total Compliance Solutions, Inc. 27 Mica Lane, Suite 208 Wellesley Hills, MA 02481 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,825.46
3.179	Nonpriority creditor's name and mailing address Megan Thomas 1606 Samuel Dr Clarksville, TN 37043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103.15
3.180	Nonpriority creditor's name and mailing address Merck PO Box 5254 Carol Stream, IL 60197-5254 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vaccines</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$234,398.34

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3.181 Nonpriority creditor's name and mailing address Meridian Law, PLLC 2900 Vanderbilt Place, Suite 100 Nashville, TN 37212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$30,951.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.182 Nonpriority creditor's name and mailing address MHBP Federal Employees Health Benefits PO box 8402 London, KY 40742 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$8.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.183 Nonpriority creditor's name and mailing address Mid-State Communications 504 Hillsboro Blvd Manchester, TN 37355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$404.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Answering service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.184 Nonpriority creditor's name and mailing address Middle Tennessee Electric PO Box 220 Lebanon, TN 37088-0220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$813.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.185 Nonpriority creditor's name and mailing address Mint Condition 101 SE Parkway Ct Ste 230 Franklin, TN 37064 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,662.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Cleaning service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.186 Nonpriority creditor's name and mailing address Modern Babies and Children Nashville 1050 Glenbrook Way Ste 480-145 Hendersonville, TN 37075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$850.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.187 Nonpriority creditor's name and mailing address Murfreesboro Electric Company PO Box 9 Murfreesboro, TN 37133-0009 Date(s) debt was incurred ____ Last 4 digits of account number <u>0002</u>	As of the petition filing date, the claim is: Check all that apply. \$1,046.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.188	Nonpriority creditor's name and mailing address Mutual of Omaha PO Box 2147 Omaha, NE 68103-2147 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,475.90
3.189	Nonpriority creditor's name and mailing address Nancy Lara Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.190	Nonpriority creditor's name and mailing address Nashville Area Hispanic Chamber of Commerce PO Box 40541 Nashville, TN 37204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.191	Nonpriority creditor's name and mailing address National Contact Center Management Group 2501 Park Plaza Bldg. 1-4W Nashville, TN 37203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,164.00
3.192	Nonpriority creditor's name and mailing address Natus Medical, Inc. Dept. 33768 PO Box 39000 San Francisco, CA 94139 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,137.58
3.193	Nonpriority creditor's name and mailing address Navicure Inc. 2055 Sugarloaf Cir Ste 600 Duluth, GA 30097-4363 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Claims submission</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,780.00
3.194	Nonpriority creditor's name and mailing address Neofunds by Neopost PO Box 30193 Tampa, FL 33630-3193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Postage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00

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3.195	Nonpriority creditor's name and mailing address NES 1214 Church Street Nashville, TN 37246-0003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,839.64
3.196	Nonpriority creditor's name and mailing address Newtek Technology 2550 W. Union Hills Dr., Suite 390 Phoenix, AZ 85027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,885.87
3.197	Nonpriority creditor's name and mailing address NextGen Healthcare/Quality Systems Inc. PO Box 809390 Chicago, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Electronic health record system</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$298,608.15
3.198	Nonpriority creditor's name and mailing address Novacopy, Inc. PO Box 372, Dept. 200 Memphis, TN 38101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,647.58
3.199	Nonpriority creditor's name and mailing address NovaGen 10245 West Little Yord Rd., Suite 400 Houston, TX 77040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$158,107.67
3.200	Nonpriority creditor's name and mailing address Novartis Vaccines & Diagnostics Inc. Attn: Sharie Campbell 4645 S Lakeshore Dr #11 Tempe, AZ 85282-7152 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vaccines</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,369.72
3.201	Nonpriority creditor's name and mailing address Oaktree Products Inc. 610 Spirit Valley E Chesterfield, MO 63005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Audiology supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$412.20

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3.202	Nonpriority creditor's name and mailing address Office Depot PO Box 633301 Cincinnati, OH 45263-3301 Date(s) debt was incurred ____ Last 4 digits of account number 5544	As of the petition filing date, the claim is: Check all that apply. \$352.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.203	Nonpriority creditor's name and mailing address Ortho Clinical Diagnostics 100 Indigo Creek Drive Rochester, NY 14626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$29,497.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.204	Nonpriority creditor's name and mailing address Otometrics PO Box 200980 Pittsburgh, PA 15251-0980 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Audiology supplies Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.205	Nonpriority creditor's name and mailing address Paulette Poe 402 Fabian Pl Clarksville, TN 37043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$50.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Nonprovider employee reimbursement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.206	Nonpriority creditor's name and mailing address Payment Resolution Services Attn: MSC 410836 PO Box 415000 Nashville, TN 37241-0836 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,017.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Patient refund Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.207	Nonpriority creditor's name and mailing address Peak 10, Inc. PO Box 536933 Atlanta, GA 30353-6933 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$7,315.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.208	Nonpriority creditor's name and mailing address PedsTest.com 1013 Austin Ct Nolensville, TN 37135 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,419.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Office forms Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.209 Nonpriority creditor's name and mailing address
Performance Business Forms
200 Blanton Ave
Nashville, TN 37210
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$240.35

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Office forms

Is the claim subject to offset? ☒ No ☐ Yes

3.210 Nonpriority creditor's name and mailing address
Perry Carlson
5091 Pine Hill Rd
Nashville, TN 37221
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$1,231.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Provider employee reimbursement

Is the claim subject to offset? ☒ No ☐ Yes

3.211 Nonpriority creditor's name and mailing address
Pfizer
PO Box 100539
Atlanta, GA 30384-0539
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$105,565.31

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vaccines

Is the claim subject to offset? ☒ No ☐ Yes

3.212 Nonpriority creditor's name and mailing address
PGBA, LLC
Attn: Tricare South Region Finance
PO Box 100279
Columbia, SC 29202-3279
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$531.61

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.213 Nonpriority creditor's name and mailing address
Piedmont Natural Gas
PO Box 660920
Dallas, TX 75266-0920
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$2,562.96

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.214 Nonpriority creditor's name and mailing address
Pinnacle Services Inc.
2817 West End Ave Ste 126-384
Nashville, TN 37203
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$15,726.40

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Cleaning service

Is the claim subject to offset? ☒ No ☐ Yes

3.215 Nonpriority creditor's name and mailing address
Pitney Bowes Global Financial Services
PO Box 371887
Pittsburgh, PA 15250-7887
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$1,360.56

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Postage meter lease

Is the claim subject to offset? ☒ No ☐ Yes

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3.216	Nonpriority creditor's name and mailing address Pitney Bowes Purchase Power 21210 Erwin St Woodland Hills, CA 91367 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Postage expense and late fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,669.03
<hr/>			
3.217	Nonpriority creditor's name and mailing address PracticeLink Limited PO Box 100 Hinton, WV 25951 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,995.00
<hr/>			
3.218	Nonpriority creditor's name and mailing address PracticeSuite PO Box 15124 Fremont, CA 94539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,688.88
<hr/>			
3.219	Nonpriority creditor's name and mailing address Precision Roller 2102 W. Quail Ave., Suite 1 Phoenix, AZ 85027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.56
<hr/>			
3.220	Nonpriority creditor's name and mailing address Premier Parking 421 Church St Nashville, TN 37219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Parking for training</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$725.00
<hr/>			
3.221	Nonpriority creditor's name and mailing address Priority Nashville Contracting LLC PO Box 41830 Nashville, TN 37204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Leasehold improvements</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000.00
<hr/>			
3.222	Nonpriority creditor's name and mailing address ProAssurance Indemnity Company Inc. PO Box 952315 Dallas, TX 75395-2315 Date(s) debt was incurred ____ Last 4 digits of account number <u>9675</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,924.00

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3.223	Nonpriority creditor's name and mailing address ProAssurance Risk Resource Department PO Box 809196 Chicago, IL 60680-9196 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,675.00
3.224	Nonpriority creditor's name and mailing address Prolmage Facility Services, LLC 15115 Old Hickory Blvd., Suite B Nashville, TN 37211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
3.225	Nonpriority creditor's name and mailing address Prosad Kona 522 Aventura Dr Mount Juliet, TN 37122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$245.00
3.226	Nonpriority creditor's name and mailing address PSS Physician Sales & Service Inc. 4105 Royal Dr Ste 600 Kennesaw, GA 30144 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical supplies and vaccines</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$304,517.81
3.227	Nonpriority creditor's name and mailing address Ray Fochler 1765 Highway 25 West Gallatin, TN 37066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,020.00
3.228	Nonpriority creditor's name and mailing address Real Time Translation, Inc. 716 County Rd. 10 NE #174 Minneapolis, MN 55434 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,330.00
3.229	Nonpriority creditor's name and mailing address Recall Total Information Management 015295 Collections Center Dr Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical records storage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,272.46

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3.230	Nonpriority creditor's name and mailing address Reginald King PO Box 150214 Nashville, TN 37215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.53
3.231	Nonpriority creditor's name and mailing address Revive Health 209 10th Ave S Ste 214 Nashville, TN 37203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,899.19
3.232	Nonpriority creditor's name and mailing address Richards & Richards Office Records Management Inc. PO Box 17070 Nashville, TN 37217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical records storage</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,593.37
3.233	Nonpriority creditor's name and mailing address Richelle Deharde 3443 Binkley Rd Joelton, TN 37080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
3.234	Nonpriority creditor's name and mailing address Robbie Rodgers 406 2nd Ave Murfreesboro, TN 37130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$219.08
3.235	Nonpriority creditor's name and mailing address Roderick Bahner PO Box 2191 Brentwood, TN 37024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Provider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$731.00
3.236	Nonpriority creditor's name and mailing address Safe Clean 164 McCall Street Nashville, TN 37211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,256.52

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3.237 Nonpriority creditor's name and mailing address

Safe Point, LLC
1214 Hunters Point Pike, Suite A
Lebanon, TN 37087

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$200.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

3.238 Nonpriority creditor's name and mailing address

Sanofi Pasteur, Inc.
12458 Collections Center Dr.
Chicago, IL 60693

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$210,628.78

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

3.239 Nonpriority creditor's name and mailing address

Scarlett Leadership Institute
840 Crescent Center Dr Ste 120
Franklin, TN 37067

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$5,000.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Training

Is the claim subject to offset? ☒ No ☐ Yes

3.240 Nonpriority creditor's name and mailing address

Schatonea Newby
255 Cathy Jo Dr
Nashville, TN 37211

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$11.65

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Nonprovider employee reimbursement

Is the claim subject to offset? ☒ No ☐ Yes

3.241 Nonpriority creditor's name and mailing address

Scotty W. Harris
281 Hickory Hollow Terrace
Antioch, TN 37013-2127

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$23,442.72

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Nonprovider employee reimbursement

Is the claim subject to offset? ☒ No ☐ Yes

3.242 Nonpriority creditor's name and mailing address

Shamekia Clinton
1052 E Monica Dr
Clarksville, TN 37042

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$155.34

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Nonprovider employee reimbursement

Is the claim subject to offset? ☒ No ☐ Yes

3.243 Nonpriority creditor's name and mailing address

Shantanik Green
923 Oak Meadow
Franklin, TN 37064

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$57.05

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Nonprovider employee reimbursement

Is the claim subject to offset? ☒ No ☐ Yes

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3.244	Nonpriority creditor's name and mailing address ShoreTel Inc. 4921 Solution Center Chicago, IL 60677-4009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$9,032.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Phone service Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.245	Nonpriority creditor's name and mailing address Shred-it USA, LLC PO Box 13574 New York, NY 10087-3574 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$5,053.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.246	Nonpriority creditor's name and mailing address Sitex Corporation PO Box 38 Henderson, KY 42419 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$7,780.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Linen service Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.247	Nonpriority creditor's name and mailing address SL Management Group TN LLC (Admin) 788 Morris Turnpike Short Hills, NJ 07078 Date(s) debt was incurred ____ Last 4 digits of account number 0B17	As of the petition filing date, the claim is: Check all that apply. \$29,599.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.248	Nonpriority creditor's name and mailing address SL Management Group TN LLC (So Hills) 788 Morris Turnpike Short Hills, NJ 07078 Date(s) debt was incurred ____ Last 4 digits of account number 5247	As of the petition filing date, the claim is: Check all that apply. \$56,740.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.249	Nonpriority creditor's name and mailing address Sladja Miledic 845 Windsor Green Blvd Goodlettsville, TN 37072 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$70.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Patient refund Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.250	Nonpriority creditor's name and mailing address Smilemakers PO Box 2543 Spartanburg, SC 29304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,074.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplies Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.251 Nonpriority creditor's name and mailing address
SNH Medical Office Properties
Dept 1600
PO Box 538601
Atlanta, GA 30353
Date(s) debt was incurred 4/2015-11/2015
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply. **\$28,843.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Unpaid Rent
6716 Nolensville Rd
Brentwood TN
Is the claim subject to offset? ☒ No ☐ Yes

3.252 Nonpriority creditor's name and mailing address
St. Thomas Medical Partners
Date(s) debt was incurred
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply. **\$382.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim:
Is the claim subject to offset? ☒ No ☐ Yes

3.253 Nonpriority creditor's name and mailing address
St. Thomas Medical Staff Fund
PO Box 380
Nashville, TN 37205
Date(s) debt was incurred
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply. **\$500.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Credentialing
Is the claim subject to offset? ☒ No ☐ Yes

3.254 Nonpriority creditor's name and mailing address
St. Thomas Medical Staff Fund
Attn: Medical Affairs
4220 Harding Road
Nashville, TN 37205
Date(s) debt was incurred
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply. **\$200.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim:
Is the claim subject to offset? ☒ No ☐ Yes

3.255 Nonpriority creditor's name and mailing address
St. Thomas Rutherford Hospital
501 Great Circle Rd Ste 300
Attn: STR Finance
Nashville, TN 37228
Date(s) debt was incurred
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply. **\$5,782.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Answering service
Is the claim subject to offset? ☒ No ☐ Yes

3.256 Nonpriority creditor's name and mailing address
Staples Advantage
Attn: Vedetta Hughes
7525 W Campus Rd
New Albany, OH 43054
Date(s) debt was incurred
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply. **\$7,301.07**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Office supplies
Is the claim subject to offset? ☒ No ☐ Yes

3.257 Nonpriority creditor's name and mailing address
State Farm Insurance Companies
Insurance Support Center
PO Box 588002
North Metro, GA 30029-8002
Date(s) debt was incurred
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply. **\$113.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim:
Is the claim subject to offset? ☒ No ☐ Yes

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3.258 Nonpriority creditor's name and mailing address
Stephen A. Tisdell
1600 Rosewood Court
Brentwood, TN 37027
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$4,500.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.259 Nonpriority creditor's name and mailing address
Stericycle, Inc.
4010 Commercial Ave.
Northbrook, IL 60062
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$51,245.17

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.260 Nonpriority creditor's name and mailing address
Storage Solutions
2876 Old Fort Parkway
Murfreesboro, TN 37128
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$239.50

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.261 Nonpriority creditor's name and mailing address
StorPlace of Medical Center Nashville
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$741.11

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.262 Nonpriority creditor's name and mailing address
Sy.Med Development
101 Westpark Dr Ste 140
Brentwood, TN 37027
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$3,143.14

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Credentialing software system

Is the claim subject to offset? ☒ No ☐ Yes

3.263 Nonpriority creditor's name and mailing address
Tamer El-Mahdy
309 NW 18th St Apt 907
Ankeny, IA 50023-4267
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$409.90

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Patient refund

Is the claim subject to offset? ☒ No ☐ Yes

3.264 Nonpriority creditor's name and mailing address
TaTanisha Smith MD
1412 Brentwood Terrace
Nashville, TN 37211
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$875.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Provider employee reimbursement

Is the claim subject to offset? ☒ No ☐ Yes

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3.265	Nonpriority creditor's name and mailing address Te'Airra Guinn 499 Swiss Ave Apt 116A Nashville, TN 37211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.65
<hr/>			
3.266	Nonpriority creditor's name and mailing address Ted R. Sanders Moving & Warehouse, Inc. PO Box 90202 Nashville, TN 37209-1020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,296.52
<hr/>			
3.267	Nonpriority creditor's name and mailing address Ten Times Better Corporation 923 Oldham Dr #851 Nolensville, TN 37135 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
<hr/>			
3.268	Nonpriority creditor's name and mailing address Tennessee Anytime NIC USA Inc. PO Box 504212 Saint Louis, MO 63150-4212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance verification</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
<hr/>			
3.269	Nonpriority creditor's name and mailing address Tennessee Foreign Language Institute 220 French Landing Dr., Suite 1-B Nashville, TN 37243 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$910.65
<hr/>			
3.270	Nonpriority creditor's name and mailing address Tennessee Mechanical Corp. TMC 101 General Forrest Court Smyrna, TN 37167 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.00
<hr/>			
3.271	Nonpriority creditor's name and mailing address The CSI Companies Inc. PO Box 890841 Charlotte, NC 28289-9841 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Temporary staffing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,510.11

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3.272 Nonpriority creditor's name and mailing address
The Mathews Company
PO Box 22149
Nashville, TN 37202-2149
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$1,935.46

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Repairs and maintenance**

Is the claim subject to offset? ☒ No ☐ Yes

3.273 Nonpriority creditor's name and mailing address
The Stanton Group
PO Box 993
Brentwood, TN 37024
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$840.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.274 Nonpriority creditor's name and mailing address
The Toner Doctor
PO Box 94
Madawaska, ME 04756
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$603.41

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.275 Nonpriority creditor's name and mailing address
TheraCom
Payment Center
PO Box 640105
Cincinnati, OH 45264-0105
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$27,482.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Medical supplies**

Is the claim subject to offset? ☒ No ☐ Yes

3.276 Nonpriority creditor's name and mailing address
Tim Jurisin Plumbing Inc.
PO Box 3564
Clarksville, TN 37043-3564
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$205.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Repairs and maintenance**

Is the claim subject to offset? ☒ No ☐ Yes

3.277 Nonpriority creditor's name and mailing address
Tina Manshadi
2600 Hillsboro Pk Unit 132
Nashville, TN 37212
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$5,096.61

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Provider employee reimbursement**

Is the claim subject to offset? ☒ No ☐ Yes

3.278 Nonpriority creditor's name and mailing address
Tonika Milan
110 E St
Clarksville, TN 37042
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$100.80

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Nonprovider employee reimbursement**

Is the claim subject to offset? ☒ No ☐ Yes

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3.279	Nonpriority creditor's name and mailing address Tracy Carter 2503 Angelyn Dr Murfreesboro, TN 37129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Provider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$941.00
3.280	Nonpriority creditor's name and mailing address Travis Crook MD 1204 Jewell Ave Franklin, TN 37064 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Provider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$805.00
3.281	Nonpriority creditor's name and mailing address Triage Logic PO Box 79426 Baltimore, MD 21279 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nurse triage services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,442.00
3.282	Nonpriority creditor's name and mailing address Two Men and a Truck 4801 Alabama Ave. Nashville, TN 37209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
3.283	Nonpriority creditor's name and mailing address United Healthcare Claim Refund PO Box 209011 Dallas, TX 75320-9011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$178.61
3.284	Nonpriority creditor's name and mailing address United Healthcare Insurance Company Dept CH10151 Palatine, IL 60055-0151 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,380.22
3.285	Nonpriority creditor's name and mailing address United Healthcare Recovery Services PO Box 101760 Atlanta, GA 30392-1760 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,606.52

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Name

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3.286 Nonpriority creditor's name and mailing address
United States Trustee
PO Box 530202
Atlanta, GA 30353-0202
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$110,026.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.287 Nonpriority creditor's name and mailing address
Up to Date
230 Third Ave
Waltham, MA 02451
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$10,750.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.288 Nonpriority creditor's name and mailing address
US HealthWorks
PO Box 741827
Atlanta, GA 30374
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$56.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Patient refund

Is the claim subject to offset? ☒ No ☐ Yes

3.289 Nonpriority creditor's name and mailing address
Vanderbilt University Medical Center
Nurse Triage
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$3,024.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Nurse triage services

Is the claim subject to offset? ☒ No ☐ Yes

3.290 Nonpriority creditor's name and mailing address
Vani Veera MD
1444 W Northfield Blvd
Murfreesboro, TN 37129
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$4,929.82

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Provider employee reimbursement

Is the claim subject to offset? ☒ No ☐ Yes

3.291 Nonpriority creditor's name and mailing address
Vankat K Reddy MD
PO Box 331034
Nashville, TN 37203-7508
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$118.86

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Patient refund

Is the claim subject to offset? ☒ No ☐ Yes

3.292 Nonpriority creditor's name and mailing address
VaxServe
54 Glenmaura National Blvd., Ste. 301
Moosic, PA 18507-2101
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: Check all that apply.

\$3,145.89

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

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Name

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3.293	Nonpriority creditor's name and mailing address Verizon Wireless PO Box 660108 Dallas, TX 75266-0108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,944.55
<hr/>			
3.294	Nonpriority creditor's name and mailing address VII FS-Nashville, LLC 4678 World Pkwy Circle Saint Louis, MO 63134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$131,528.14
<hr/>			
3.295	Nonpriority creditor's name and mailing address VIII FS - Nashville 4678 World Parkway Cir Saint Louis, MO 63134 Date(s) debt was incurred <u>7/2015-11/2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Rent</u> <u>330 Wallace Rd</u> <u>Nashville TN</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$139,182.90
<hr/>			
3.296	Nonpriority creditor's name and mailing address Virginia O'Connell 705 Vanview Dr Apt A Lebanon, TN 37087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nonprovider employee reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33.60
<hr/>			
3.297	Nonpriority creditor's name and mailing address Volunteer Welding Supply, Inc. 815 5th Ave. South Nashville, TN 37203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,159.13
<hr/>			
3.298	Nonpriority creditor's name and mailing address Walgreens 1419 Lake Cook Rd MS #L390 Deerfield, IL 60015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient refund</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.95
<hr/>			
3.299	Nonpriority creditor's name and mailing address Waste Management of Nashville PO Box 9001054 Louisville, KY 40290-1054 Date(s) debt was incurred ____ Last 4 digits of account number <u>3725</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$804.68

Debtor **CAPSTONE PEDIATRICS, PLLC**

Case number (if known)

3:19-bk-1971

Name

3.300 Nonpriority creditor's name and mailing address
Weight Loss & Wellness Services, LLC
2801 S. MacDill Ave.
Tampa, FL 33629

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.***\$1,164.66**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

3.301 Nonpriority creditor's name and mailing address
Welch Allyn, Inc.
4341 State Street
Skaneateles Falls, NY 13153

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.***\$350.40**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

3.302 Nonpriority creditor's name and mailing address
White & Reasor
3100 West End Ave., Suite 1100
Nashville, TN 37203

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.***\$19,679.55**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

3.303 Nonpriority creditor's name and mailing address
Williamson Medical Center
Attn: Medical Staff
4321 Carothers Pkwy
Franklin, TN 37067

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.***\$25.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

3.304 Nonpriority creditor's name and mailing address
Windrose 310 Properties
Healthcare Property Managers of America
Dept 730034 PO Box 660919
Dallas, TX 75266-0919

Date(s) debt was incurred 8/2015-11/2015

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.***\$112,553.96**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Unpaid Rent
310 25th Ave N
Nashville TN

Is the claim subject to offset? ☒ No ☐ Yes

3.305 Nonpriority creditor's name and mailing address
Windrose Physicians Plaza
Healthcare Property Managers of America
Dept 730034 PO Box 660919
Dallas, TX 75260-9190

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.***\$14,475.96**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Unpaid Rent
100 Covey Dr
Franklin TN

Is the claim subject to offset? ☒ No ☐ Yes

3.306 Nonpriority creditor's name and mailing address
Windstream
PO Box 9001950
Louisville, KY 40290-1950

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.***\$11.93**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Phone serviceIs the claim subject to offset? ☒ No ☐ Yes

Debtor **CAPSTONE PEDIATRICS, PLLC**
Name

Case number (if known)

3:19-bk-1971

3.307 Nonpriority creditor's name and mailing address

Winnie Toler
1221 Kilrush Dr
Franklin, TN 37069

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Expenses paid on behalf of Debtor**

Is the claim subject to offset? ☒ No ☐ Yes

\$201,583.70

3.308 Nonpriority creditor's name and mailing address

Winnie Toler
1221 Kilrush Drive
Franklin, TN 37069

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

\$202.45

3.309 Nonpriority creditor's name and mailing address

Winnie Toler
1221 Kilrush Drive
Franklin, TN 37069

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

\$50,480.77

3.310 Nonpriority creditor's name and mailing address

Zarah Knight
1519 Hwy 49 E
Ashland City, TN 37015

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Nonprovider employee reimbursement**

Is the claim subject to offset? ☒ No ☐ Yes

\$11.65

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ 1,615,734.28

5b. + \$ 7,041,134.12

5c. \$ 8,656,868.40